



**OFFICE OF REAL ESTATE APPRAISERS**

**COMPLAINT FORM INSTRUCTIONS**

^ **PLEASE READ** - Before completing the attached complaint form, please take the time to read these instructions; they will help you understand our function and better help us to understand and act on your complaint.

^ **WHAT WE CAN DO** - The Office of Real Estate Appraisers (OREA) will investigate complaints to determine if there has been unlawful or unprofessional conduct by an applicant for licensure or a licensed appraiser. Since a variety of factors impact the order in which complaints are reviewed and investigated, we are unable to estimate how long this process may take. However, all complaints will be acknowledged in writing and you will be notified of the ultimate outcome of your complaint.

We will make every effort to keep your identity confidential. However, proper prosecution may require your testimony in administrative or other legal proceedings that require you to appear as a witness subject to cross-examination.

^ **WHAT WE CANNOT DO** - We cannot give legal advice or act as your attorney. We cannot act as a court of law or order the refund of monies, award damages or cancel contracts. You may wish to consult an attorney or seek financial relief through the judicial system if you are seeking any of these outcomes.

^ **HOW YOU CAN HELP US** - Summarize your complaint in a chronological manner using these guidelines:

- \* Tell us ***what*** happened. Start from the beginning and describe the events as they occurred. Be specific as to ***what*** was said and ***who*** said it.
- \* Tell us ***who*** was present during these conversations, acts or events.
- \* Tell us ***when*** and ***where*** these conversations, acts or events took place.

Documentary evidence is especially important! To expedite the handling of your complaint, please provide legible photocopies of all documents relating to your complaint. Identify the documentation in item #19 of the complaint form. Maintain your original copies in a safe and secure location.

**Item # 21, Certification Statement, must be signed and dated to validate your complaint.**

Please return your completed complaint to:  
Office of Real Estate Appraisers  
Enforcement Unit  
1755 Creekside Oaks Drive, Suite 190  
Sacramento, California 95833

(916) 263-0770 Assistance  
(916) 263-0889 Facsimile



**OFFICE OF REAL ESTATE APPRAISERS**

**ENFORCEMENT UNIT**

**COMPLAINT OF UNETHICAL OR UNLAWFUL CONDUCT**

\*Read the Complaint Form Instructions before completing this form.

\*Type or print clearly in ink.

FOR OREA USE ONLY

**INFORMATION ABOUT YOU**

1. NAME (LAST, FIRST, MIDDLE)

2. BUSINESS TELEPHONE NUMBER

( )

HOME TELEPHONE NUMBER

( )

3. BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE; INCLUDE APARTMENT OR SUITE NUMBER IF APPLICABLE)

4. HOME ADDRESS (STREET, CITY, STATE, ZIP CODE; INCLUDE APARTMENT OR SUITE NUMBER IF APPLICABLE)

5. RELATIONSHIP TO COMPLAINT (CLIENT, LENDER, BANK,  
REVIEW APPRAISER, ETC.)

6. REASON FOR APPRAISAL (REFI, TAX, DIVORCE, ETC.)

**INFORMATION ABOUT THE APPRAISER**

7. NAME OF APPRAISER (LAST, FIRST, MIDDLE)

8. OREA LICENSE OR CERTIFICATE NUMBER

9. ADDRESS (STREET, CITY, STATE, ZIP CODE; INCLUDE APARTMENT OR SUITE NUMBER IF APPLICABLE)

10. BUSINESS TELEPHONE NUMBER  
( )

11. DATE AND COUNTY TRANSACTION OCCURRED

12. ADDRESS OF PROPERTY INVOLVED

13. HAVE YOU CONTACTED THE APPRAISER REGARDING YOUR COMPLAINT?

☐ YES

☐ NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

DATE(S) OF CONTACT

PERSON(S) CONTACTED:

RESULTS:

14. HAVE YOU FILED THIS COMPLAINT WITH ANOTHER AGENCY?

☐ YES ☐ NO IF YES, PLEASE COMPLETE THE FOLLOWING:

NAME OF AGENCY AND PERSON CONTACTED

ADDRESS AND PHONE NUMBER OF AGENCY

RESULTS OF THAT COMPLAINT, IF ANY

15. HAVE YOU RETAINED AN ATTORNEY IN THIS MATTER?

☐ YES ☐ NO IF YES, PLEASE COMPLETE THE FOLLOWING:

NAME OF ATTORNEY

BUSINESS TELEPHONE NUMBER

( )

ADDRESS OF ATTORNEY

16. MAY WE CONTACT YOUR ATTORNEY WITH REFERENCE TO THIS MATTER? ☐ YES ☐ NO

17. IS THIS COMPLAINT RELATED TO ANY ACTION FILED OR PENDING IN ANY COURT?

☐ YES ☐ NO IF YES, PLEASE COMPLETE THE FOLLOWING:

NAME OF COURT

ADDRESS OF COURT

TYPE OF ACTION

CASE NUMBER

18. WERE THERE ANY WITNESSES WHO HAVE KNOWLEDGE OF THE EVENTS DESCRIBED IN THIS COMPLAINT?

☐ YES ☐ NO IF YES, PLEASE COMPLETE THE FOLLOWING AND GIVE DETAILS IN ITEM NUMBER 20.  
(ATTACH ADDITIONAL SHEETS IF NECESSARY)

FULL NAME OF WITNESS # 1

ADDRESS

YOUR RELATIONSHIP TO THE WITNESS

DAYTIME TELEPHONE NUMBER

( )

FULL NAME OF WITNESS # 2

ADDRESS

YOUR RELATIONSHIP TO THE WITNESS

DAYTIME TELEPHONE NUMBER

( )

FULL NAME OF WITNESS # 3

ADDRESS

YOUR RELATIONSHIP TO THE WITNESS

DAYTIME TELEPHONE NUMBER

( )

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19. INDICATE THE DOCUMENTATION YOU ARE SUBMITTING IN SUPPORT OF THIS COMPLAINT. (DO NOT SEND ORIGINALS)

	<u>DOCUMENT</u>	<u>PAGES</u>	<u>EXHIBITS</u>
<input type="radio"/>	CANCELLED CHECKS (FRONT & BACK)	_____	_____
<input type="radio"/>	APPRAISAL REPORT(S)	_____	_____
<input type="radio"/>	_____	_____	_____
<input type="radio"/>	_____	_____	_____
<input type="radio"/>	_____	_____	_____
<input type="radio"/>	_____	_____	_____
<input type="radio"/>	_____	_____	_____
<input type="radio"/>	_____	_____	_____
<input type="radio"/>	_____	_____	_____

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20. IN THE FORM OF A BRIEF STATEMENT, PLEASE GIVE THE FULL DETAILS OF YOUR COMPLAINT. BE FACTUAL.  
TRY TO ANSWER THE QUESTIONS WHO, WHAT, WHERE, WHEN, WHY AND HOW. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

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(20 CONTINUED)

21. **CERTIFICATION STATEMENT** (MUST BE SIGNED AND DATED TO VALIDATE COMPLAINT)

*I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FACTS STATED  
HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.*

*SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_, IN THE COUNTY OF \_\_\_\_\_,*

*STATE OF \_\_\_\_\_.*

\_\_\_\_\_  
*SIGNATURE OF COMPLAINANT*